GILLIAM (D.T.)

Report of Abdominal Operations.

BY

D. TOD GILLIAM, M. D.,

Professor of Obstetrics and Diseases of Women, Starling Medical College, Columbus, Ohio.

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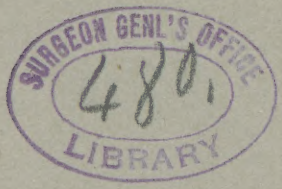

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REPORT OF ABDOMINAL OPERATIONS.*

By D. TOD GILLIAM, M. D.,
PROFESSOR OF OBSTETRICS AND DISEASES OF WOMEN,
STARLING MEDICAL COLLEGE, COLUMBUS, OHIO.

The abdominal surgeon is always looking for surprises and always being surprised. In apparently the most simple cases he is often confronted by the most formidable complications, and conversely the apparently desperate ones occasionally prove the most manageable. Case reading has therefore a value of its own which can not be displaced by generalized deductions or the so-called typical descriptions.

After one has mastered the rudiments of abdominal surgery there is nothing so attractive or instructive as the recital and discussions of individual cases with their varying phases, their many perplexities, and the manner in which they were met. The following brief record of cases occurring in my practice during the last eleven months, while, in the main, commonplace enough, contain some elements of interest which I place at your disposal as a small contribution in the line of abdominal surgery.

Case I. *Ovariotomy.*—Mrs. C., Pine Grove, Gallia County, Ohio, aged fifty-five. Mother of a large family of children; be-

* Read before the Ohio Medical Society at Cincinnati, May 5, 1892.

gan to enlarge six years ago. Operated Sunday, May 24, 1891, removing a compound ovarian cyst of forty pounds' weight. There were no complications and the patient made an uninterrupted recovery, with the exception of a swelling and soreness of left leg, which I attributed to phlebitis. No drainage.

Case II. *Ovariotomy.*—Mrs. O., Franklin County, Ohio, aged forty. One child; began to enlarge one year ago. Operated Monday, May 25th, removing multilocular ovarian cyst of fifteen pounds. No complications. She was of nervous temperament and pulse mounted on second day to 118; small and wiry. For several days it fluctuated between this point and 90, but gradually fell to normal. Her convalescence was retarded by an inability to stand erect which required weeks to overcome. No drainage.

Case III. *Broad Ligament Cyst.*—Mrs. B., Columbus, Ohio, aged twenty-nine. No children. Has suffered much with a pain in the hypogastric region in the left side. Examination reveals cystic enlargement at site of pain and tenderness. Operated June 2d. Cyst located in left broad ligament; was dug out, when it escaped from my fingers and rolled away. It was finally located on the right iliac region and removed. Hæmorrhage from the matrix very free and persistent, which was only stanched by carrying sutures under the floor of the cavity. The pulse-rate never went above 100, but she suffered greatly from pain for thirty-six hours. The catheter had to be used for four or five days. She made a good recovery. Flushing and drainage.

Case IV.—Mrs. B., Franklin County, Ohio, aged fifty-six. Has been afflicted with abdominal growth for years, and for the last eight months confined to bed unable to move. She suffered continually and greatly. Is exsanguinated and feeble to a degree that presages rapid dissolution. The extreme tenderness precludes satisfactory examination, although a tumor, hard, nodular, and irregular in outline, fills the abdomen to above the umbilicus and the upper part of the pelvis. An exploration being suggested and eagerly accepted, on June 8th cut down upon it. I found a solid, elastic tumor, firmly adherent everywhere, and sarcomatous in appearance. This was incised and long needles

thrust into it, but nothing escaped but blood. Its tendency to bleed was very strong, and, after stitching up the cut, the thermo-cautery had to be used at the site of puncture. The patient was greatly prostrated and suffered much for several days. She gradually recovered, and in six weeks drove to my office over rough country roads a distance of seven miles, when I found the tumor appreciably diminished in size. I examined her again a few weeks since and can find no vestige of the tumor, although there is a degree of abdominal tenderness and an inclination to harden the abdominal muscles that prevents an entirely satisfactory examination. She enjoys fair health and her appearance has changed wonderfully. This is one of those inexplainable cases wherein an exploration cures.

Case V. *Ovariotomy.*—Miss S., Somerset, Ohio, aged thirty-seven. Ovarian cyst. Operated September 16th. Drainage. Recovery uneventful.

Case VI. *Ovariotomy.*—Mrs. S., Wellston, Ohio, aged twenty-five. One child, two years old. The cyst was a large one, but entirely uncomplicated, and was quickly removed. She was put to bed in good shape. At this time I was called from the city, and on my return on the fourth day found her septic. She died on the seventh day. I am persuaded that the drainage-tube was the cause of death. In similar cases I do not now use it.

Case VII. *Operation for Ventral Hernia.*—Mrs. O., London, Ohio, aged twenty-eight. Had been operated on at Cleveland four years ago for ovarian tumor. A long incision had been made, and tedious suppuration ensued. A hernia gradually formed and eventually assumed enormous proportions. Apparently the entire contents of the abdomen, except the fixed organs, occupied the hernial pouch. An exploration revealed the impossibility of using the peritoneal operation, and the Simons method was used. She made a tedious convalescence, and a secondary operation was necessary before complete union could be secured. She is now well and can hardly find words to express her gratitude.

Case VIII. *Wandering Ovule.*—Mrs. S., Franklin County, Ohio, aged twenty-six. Was taken suddenly ill with pelvic

pain and prostration. An abdominal enlargement was detected. Recurring attacks kept her in bed for five weeks. Chills and sweating, with varying temperature, finally induced me to advise section. As she lived six miles in the country, she was brought to the city, and the operation performed November 12th. As she was very short and fat, an incision long enough to admit the hand was necessary for exploration. A cyst containing a quart of limpid serum was found attached to the region of the bladder and could not be removed. It was drained and stitched to the abdominal walls. This is probably what Tait classifies as a wandering ovule. She made an uninterrupted recovery.

Case IX. *Laparotomy for Small Tumor.*—Mrs. W. F. H., Thornville, Ohio, aged twenty-four; married two years; no children. A year ago, during sexual intercourse, she was seized with a severe pain in right hypogastrium, and fainted. From that day to this she has suffered much from pain and soreness in the same locality. Examination revealed an enlargement, apparently cystic, in front of and to the right of uterus, about the size of an egg. The uterus was pushed to the left. Upon cutting down, I found the swelling apparently cystic in the situation indicated, but very indefinite in outline. An incision was made into it, but nothing but a loose-meshed muscular and connective tissue encountered. This, of course, did not admit of removal, but the left ovary, which was found diseased, with its corresponding tube was removed. She recovered promptly.

Case X. *Removal of Uterine Appendages for Uterine Fibroid.*—Miss D. N., Residence City, aged twenty-four, has uterine fibroid size of double fist, from which she suffers beyond endurance. The tubes and ovaries were removed December 9th, one of the latter being cystic. She recovered without an untoward symptom.

Case XI. *Removal of Uterine Appendages.*—Mrs. P. Q., Hardin County, Ohio. Suffering for years with intractable uterine hæmorrhages. After exhausting all the usual and unusual remedies and repeated curettings without avail, the tubes and ovaries were removed December 10th. The right ovary and tube were adherent, the left ovary enlarged and cystic.

She was a very intractable patient, and suffered from psychological disturbance almost to the point of insanity. Hæmatocele of the right broad ligament ensued, and, despite warning, she got up and left the hospital on the ninth day. She suffered a backset as a consequence, and the last heard from her, six weeks afterward, she was just convalescing from the same.

Case XII. *Removal of Uterine Appendages.*—Miss M. F., from Minnesota, aged twenty-three. Had oophoritis some years since and was treated by Dr. Byford, of Chicago. Tubes and ovaries removed December 30th, much hæmorrhage following, which apparently subsided after half an hour. She was thoroughly irrigated, and a drainage-tube was inserted. The tube was aspirated every hour, and from half an ounce to an ounce of blood removed each time. During the day vomited several times, after which the quantity of blood increased to two or three ounces, and so continued through the night. On the morning of the second day vomited greenish fluid. An ounce and a half of blood at each aspiration, which gradually diminished.

On morning of third day looks and feels better; blood progressively diminishing.

During operation on patient in adjoining room the smell of ether sickened her and she vomited repeatedly; bleeding increased; she is restless; complains bitterly of pain; looks bad. Pulse, 125. Ordered calomel, to be followed by salts in broken doses.

During the preceding night bowels moved freely, hæmorrhage diminished, vomiting ceased, and she passed flatus.

This case gave me much uneasiness. She continued to go up and down with a pulse-rate varying from 112 to 135. Chills, sweats, vomiting, purging, great prostration, and along with it all a large hæmatocele formed on the right side. On the seventh day the tube was removed with difficulty, bringing with it a plug of clotted blood and fibrin. It had been gradually elevated after each aspiration. A fistula ensued, and, after three weeks more of fluctuating improvement, she was discharged with a slight remaining fistula. I saw the patient some weeks subsequently, and she was well and happy.

Case XIII. *Hysterectomy for Uterine Cancer.*—Mrs. M. E.

S., Columbus, widow, childless, aged fifty-two. Examination revealed extensive cancer of body of the uterus. The uterus was removed on February 12th, and the patient made an uninterrupted recovery.

Case XIV. *Removal of Uterine Appendages.*—Mrs. C. H., Columbus, Ohio, aged thirty-two, six children. The patient has been bedfast for many weeks with circumuterine inflammation. Operated on January 2d. The adhesions were very dense, implicating everything in the vicinity. A large quantity of pus escaped while breaking adhesions. The bleeding was profuse. Tube removed on third day. All went well until the fifth day, when the pulse suddenly mounted to 125, with great pain and much tenderness of abdomen and anxious expression. This was followed on the sixth day with an abundant discharge of fæcal matter through the tube-opening. The alarming symptoms immediately abated, and in due time the fistulæ healed, the patient being discharged on the twenty-sixth day.

Case XV. *Ovariotomy and Salpingectomy.*—Miss E. F., aged thirty, La Porte, Ind. This was a case of simple ovarian tumor, and presented no difficulties, but the corresponding tube was of the size and appearance of the small intestines. It was also removed on March 3d. She recovered promptly.

Case XVI. *Ovariotomy.*—Mrs. S., Vaughnsville, Ohio, aged fifty-two. This was an uncomplicated ovarian cyst of fair size. Operated March 12th. She recovered promptly.

Case XVII. *Parovarian Cyst.*—Mrs. M. M., Marietta, Ohio, aged twenty. Operated March 18th for parovarian cyst. Recovered.

Case XVIII. *Hysterectomy for Uterine Fibroid.*—Miss E., Cincinnati, Ohio, aged forty-two. Large subserous uterine fibroid, lying across brim of pelvis and filling abdomen. On section, April 8th, found intestines and omentum adherent to upper and back part of tumor. Intestines were also adherent to abdominal parietes, across the track of the incision, half way between the umbilicus and xyphoid. These could not be separated without great danger, and the removal of the growth through the opening rendered difficult in consequence. It was finally brought

through and the *serre-nœud* applied. She made an uninterrupted recovery.

Case XIX. *Removal of Uterine Appendages.*—Mrs. M. S., Marietta, Ohio, aged twenty-six, has suffered for the last four years, being confined to bed most of the time. Operated on April 11th. Tubes and ovaries almost disorganized, and intestines very dark and soft. Succeeded in getting the parts away, as I thought, without injury to important structures, but a few hours afterward a fæcal odor was perceptible, when contents of tube were withdrawn. At two o'clock the succeeding morning fæcal matter appeared in the tube and the odor was horrible. On the third day gas escaped from the tube. The tube was removed, and all went well until the eighth day, when, after brisk catharsis, fæcal matter again made its appearance through the fistulous opening in large quantities. After this it gradually subsided, and on the eighteenth day she was sitting up, the fistula having closed to within half an inch of the surface, and the bowels having acted a number of times without accident. She is now rapidly improving. The point of interest in this case is the immunity of the peritonæum from the results of fæcal extravasation coming on so soon after operation.

Case XX. *Exploratory Laparotomy.*—Mrs. B. T., Columbus, Ohio, aged twenty-six, one child. Had been an invalid since before marriage. Is said to have had oophoritis, followed by peritonitis, three years ago, in which her life was despaired of. A long, serious illness followed the birth of her child—about twenty months since. On examination, failed to find serious trouble with the tubes or ovaries, but the condition was marked on the right side by a tense swelling, which was exceedingly tender. Indeed, the entire hypogastric region and vaginal vault were so tender as to greatly embarrass efforts at examination. She had paroxysms of great pain which usually lasted several hours, and were uncontrollable with even large doses of morphine. The last menstruation had been delayed and was scant, without apparent cause; as with all of her previous troubles, there had been no variability in this function. The swelling increased and the paroxysms became more intense. Here was a history pointing to a circumuterine inflammation of

several years' standing, a delayed and scant menstruation, a tense and abnormally sensitive enlargement in the region of the right broad ligament, and paroxysmal sickening pains, gradually increasing in severity. Of course, the child was not two years old, but that goes for little. Any one would have feared ectopic gestation. I laid the matter before the family in all its aspects, and left them to decide whether or no an exploration should be made. Two questions were put to me. "Is the operation free from danger?" "Do you expect to find an extra-uterine pregnancy?" To the first I answered that no surgical operation is free from danger, and especially an invasion of the peritoneal cavity. But, on the other hand, an ectopic gestation, should it exist, was much more dangerous than the exploration. To the second question I answered: No, I do not expect to find an ectopic pregnancy, but I fear it. Furthermore, I stated that I was not there to urge or even to ask for an exploration, but to make a statement, and it was left entirely for them to decide what course we should pursue. They decided in favor of interference, and accordingly, on April 13th, the exploration was made. I found tubes and ovaries on both sides healthy, with no indication of pre-existing disease, and I found an hæmatocele in the right broad ligament, which was not interfered with. Notwithstanding it was only twelve minutes from the time the first incision was made until she was bandaged and ready for bed, she was greatly shocked, and within a few hours presented a fearfully sunken appearance. On the third day she began to rally, and on the tenth was sitting up, the first time for over two months. The hæmatocele is rapidly disappearing.

Case XXI. *Laparotomy for Cyst of the Broad Ligament.*— Mrs. C. F. M., Columbus, Ohio, aged forty-five. No children. About four years ago had removed ovaries and one tube, the right tube being inaccessible. She got better for a while, then began to complain of the right side, which was always tender. This became so unbearable that a secondary operation was decided upon. The line of incision was to the left of the median line, and the bowels were found so firmly adherent along the line of the first incision that it was deemed imprudent to interfere with them. A small broad ligament cyst was found,

which, while endeavoring to shell out, bursted under the finger. It was dissected out with a portion of the remaining tube. She recovered promptly, although suffering much from rheumatic pains, to which she has been subject. The date of this operation was April 25th.

Case XXII. *Removal of Uterine Appendages.*—Miss A. W., Columbus, Ohio, aged twenty-eight, a confirmed neurasthenic, was sent to me two or three months ago to have the appendages removed. On examination, I could not find sufficient cause for interference, and declined to operate. She went on from bad to worse, had profuse and frequently repeated menstruation, was rapidly loosing flesh, was tortured day and night with pelvic pain, and finally I yielded to the importunities of her physician, herself, and her relatives, and operated on April 28th, shielding myself behind the metrorrhagia as an excuse. The tubes were healthy. A small parovarian cyst was springing from the left broad ligament, and the right ovary was cystic, bursting and collapsing under the finger in attempting to bring it to the surface. The broad ligament was tense and unyielding, the mesosalpinx very short, and it was with the utmost difficulty that the tubes and ovaries could be delivered. The patient has been very nervous, but is otherwise doing well and her recovery is now assured.

The only death in this list of twenty-two cases occurred in the simplest case in the lot, and can, I think, be attributed with much certainty to the careless handling of the drainage-tube, as the nurse was overworked and had in charge a number of other cases, some of which were suppurative. This I did not know at the time.

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